

## 1. PLACE OF BIRTH

County of **Charleston**

Township of \_\_\_\_\_

or

Inc. Town of \_\_\_\_\_

or

City of **Charleston**

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (If child is not yet named, make supplemental report as directed.)

## 2. FULL NAME OF CHILD

**Anna Belle Lewis**

3. Boy or Girl

If Plural  
births

4. Twin, triplets, or other

5. Number, in order of birth

6. Premature

Full term

7. Are Parents

Married? **YES**

8. Date of birth

**Nov. 11, 1916**

(Month, day, year)

9. Full name

**FATHER  
FRANK LEWIS**

18. Name before marriage

**MOTHER  
MARY WALLACE**10. Residence (mailing address)  
(If non-resident, give place and State)**173 Coming St.**19. Residence (mailing address)  
(If non-resident, give place and State)**173 Coming St.**

11. Color or race

**Black**

12. Age at last birthday

**22**

(Years)

20. Color or race

**negro**

21. Age at last birthday

**19**

(Years)

13. Birthplace (city or place)  
(State or country)**Charleston, S.C.**22. Birthplace (city or place)  
(State or country)**Charleston, S.C.**

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**Walters Hotel**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

**19**

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

**At home.**

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

**19**

26. Total time (years) spent in this work

27. Number of children of this mother  
(At time of birth and including this child)

(a) Born alive and now living

**1**

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,  
period of gestationmonths  
weeks

29. Cause of stillbirth

Before labor

During labor

Specify any physical deformities of child at birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive at 1 P. m.** on the date above stated.  
(Born alive or stillborn)

(Signed)

**Martha Robinson and Cota Rutledge**or **Martha Robinson and Cota Rutledge**Address **16 Charlotte St.**Filed **11/13/16**, 19**J. M. Green, M.D.****Leon Barov, M.D.**

Reg.

Registrar.

Cor. 2/2/39

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from  
a supplemental report

(Date of)

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STATE OF SOUTH CAROLINA }  
COUNTY OF CHARLESTON

Birth Record No. 94/1243.

PERSONALLY appeared before me a notary public of South Carolina, Mary Marshall, who being duly sworn says and deposes that she had a female child by her first husband Frank Lewis, who was born in Charleston S.C. on November 11th, 1916 at 173 Coming St. that: the midwife Martha Robinson, who attended her at this birth became ill the day after her baby was born and that Cota Rutledge came in to attend her and filed the birth record: that in making the record of birth for this child that she made several errors - namely the child's name should be Anna Belle; her husband's name was Frank Lewis instead of John Wallace; that Wallace was her maiden name and that the name Moultrie as given on the original record was the name of her mother: That she has given the information on the attached record of birth, which is true and correct, and that she wishes this new record substituted for the original record which is entirely incorrect:

*Mary Marshall*

SWORN to before me this

44 Aiken St. Charleston, S.C.

2nd day of February, A.D 1939.

*Emma P. Legnag*

Notary Public S. C. my commission

expires at the pleasure of the Governor

When there was no attending physician or midwife, then the father, householder, etc., should make this record and a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.